٨	AISS	OU	IRI	DI۱	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	42
DO NOT WRITE ON THIS STUB		AMEI	NDED	ı		legistration District No. 318 Primary Registration District No. 1003 Registrar's No. 12805 STATE FILE NUMBER	R .
VS 300		<u> </u>	1	1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence (Where deceased lived.)	dence before
Rev. 4/59		П			_		nside Limits
_	AMENDED	Н		1		TOWN. 30 VRS TOWNS+ LOUIS	No 🗀
	l ui						side on Farm
2 20	68			╛┪	_	INSTITUTION DO HOWER Phillips I No I 5223 LOTUS YO	No 🗓
3	2-				3.	NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print)	Year
4 2		$ \ $			_	NORAL GARNER DEATH /2- 23 5. SEX 6. COLOR OR RACE 7. Married Mayor Married 18. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I YEAR IF	63 UNDER 24 HR
5 g)				`	Э.		ours Min.
6	S				10	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (City and state or country) 12, CITIZEN OF WHA	T COUNTRY
7 /	ð				136	Aufgree most of working life, Len is reflired) WRECKING LITHLEROCK ARK U.S., Is FATHER'S NAME I NAME OF HUSBAND OR WIFE	4
			İ		1	TENRY GORNER SARAh Madison Decessed	
8 /	AS	Н			15.	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9	RE ,					10 NO NO TOUR STEWART 3605	
10	¥			MENI		PART I. DEATH WAS CAUSED BY: CONSET	AL BETWEEN AND DEATH
11	90		-	Š		IMMEDIATE CAUSE (a) LOVONOU SCLOUDOUS WUS	
12 0 2 3	EAD EAD			Ž.		Conditions, if any, DUE TO (b)	
12 92.3	THIS REC					which gave rise to above cause (s), stating the under- (vine cause 1837, DUF TO (c)	
13	- -	\sqcap	十	╽▐			
91	NO S	Н			CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal disease condition given in PART II (a) PART III. If deceased was there a pregnancy in the programment of the ferminal part of the ferminal disease condition given in PART II (a)	female was in last 90 days.
,,	Ë				EIC.	☐ Yes ☐ No	Unknown
	AMENDMENTS			Ì	CERT	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of In PART 1 or PART 11 or PART 1	em 18.)
7	NEN LEN		1	ł		20c. TIME OF Hour Month, Day, Year	
¥Õ	₹				MEDICAL	INJURY a.m. p.m.	
INK RIBBON				1	`	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	STATE
-	و					NOT WHILE AT WORK	
8 P P	READ	.			ŀ	21. I attended the deceased from	
USE PEWI	3	ŀΙ	١		را	Death occurred at m on the date stated above, and to the best of my knowledge, from the causes 22a. SIGNATURE 0 (Degree or, title) 22b. ADDRESS 0 22c	
USE BLAC OR TYPEWRITER	SHOULD			0	(22a. SIGNATURE (Degrador tille) ty (22b. ADDRESS (22c. ADD	26/63
-		\vdash	-+-	AFFIDAVIT	230	B. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, flown, or county)	(State)
	NO.			FI	\mathcal{F}	Re his Val /2-10-63 MANNER HAVING BANGAL COM MANNER SIGNATURE ADDRESS DATE RECD. BY LOCAL REG. 126. REGISTER'S SIGNATURE	wo _
	TEM			àł	7	2. 63	17.0.
	-	i I	ı		•1,	(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

by	:	, Student Embalmer No	
orking under my personal supervision.	•	3	
dent	Signed	Edward a Fly	
Signature of Student Embalmer			
	·	Licensed Embalmer No. 4444	
	A come of	P. O. Address 4202 Tin	
•		P. U. Address 4 1 1	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If this body is not embalmed, fact should be so stated above.

あっなる 見れたるな